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ABSTRACT

This study was designed to investigate the effects of child-centered group play sessions (using the play therapy interaction approach) and sex differences on self-control, free play, and sociometric ratings in young bilingual Puerto Rican children. The participants in the study were 48 bilingual Puerto Rican four- and five-year-old children from two predominately Hispanic Southeastern Pennsylvania urban communities. Analyses made of pre-test scores for the dependent measures yielded no significant differences among groups. The main anlayses consisted of three 2 (treatment) x 2 (sex) analyses of variance with repeated measures (ANOVA), using pre- and post-measures on self-control behaviors, free play ratings, and sociometric scores. Separate post hoc Tukey tests were run on each of the three main dependent measures. Results showed that children who received group play sessions outperformed those in the control group on the self-control and free play rating scales; boys in the experimental treatment outperformed both girls in the experimental treatment and all children in the control group on the sociometric measure. The results were interpreted and discussed in terms of non-directive humanistic theories of play therapy (e.g., Rogerian) as they relate to intervention techniques for meeting personal and emotional needs of children in underserved minority groups. (Author/RH)

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The Effects of Child-Centered Group Play Sessions on Social-Emotional Growth of Four- and Five-Year Old Bilingual Puerto Rican Children

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Child-Centered Group Play Sessions

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Abstract

This study was designed to investigate the effects of child-centered group play sessions (using the play therapy interaction approach) and sex differences on self-control, free play, and sociometric rating in young bilingual Puerto Rican children. Analyses made of pre-test scores for the dependent measures yielded no significant differences among groups. The main analyses consisted of three 2 (treatment) x 2 (sex) analyses of variance with repeated measures (ANOVR) using pre- and post-measures on self-control behaviors, free play ratings, and sociometric scores. Separate post hoc Tukey tests were run on each of the three main dependent measures. The results showed that children who received group play sessions outperformed those in the control group on the self-control and free play rating scales; boys in the experimental treatment outperformed both girls in the experimental treatment and all children in the control group on the sociometric measure. The results were interpreted and discussed in terms of non-directive humanistic theories of play therapy (e.g., Rogerian) as they relate to intervention techniques for meeting personal and emotional needs of children in underserved minority groups.

The Effects of Child-Centered Group Play Sessions on Social-Emotional Growth of Three-to-Six-Year-Old Bilingual Puerto Rican Children

Child-centered play (play therapy) for encouraging personal growth, increased maturity, and greater acceptance of others has been advocated by early theorists such as Rogers (1951) and Axline (1969). The child-centered researchers were considerably more active when the approach was first introduced than they have been in recent years (Guerney, 1983). Nonetheless, within the past 22 years several researchers (for example, Seeman, Barry & Ellinwood, 1964; Reif & Stollak, 1972; the West German researchers Schmidtchin & Hobrucker, 1978; Fleming & Snyder, 1981; and Guerney, 1983) have explored the hypothesized, facilitative effects of play therapy with individuals as well as groups of young children on peer acceptance levels, school adjustment/aggression control, and fantasy themes in free play.

Axline (1969) described the play therapy process as the opportunity that is offered to the child to experience personal growth under the most favorable conditions. As the child symbolically enacts feelings or events, the feelings are brought to the surface for the child to examine, to control, or to abandon (Guerney, 1983). Through play therapy children may achieve their own power as individuals; to think for themselves, to make their own decisions, and to become psychologically more mature (Axline, 1969). Accordingly, the realization of "self"

through the individual's own map or route is the ultimate goal of child-centered play therapy.

One may consider the fact that bilingual immigrants, such as Puerto Rican children and especially Puerto Rican boys, frequently encounter social, language syntax, and other adjustment problems upon entering a new school environment (Ekstrand, 1977; Prewitt-Diaz, 1981; Escobedo, 1983). Participation in child-centered play groups, using the play therapy interaction techniques, is hypothesized in this study, to have the potential to effect greater social acceptance in young minority-group children and to increase their self-control and fantasy expression levels, all of which are among the goals and demonstrated results of individual and group play therapy (Axline, 1969).

Purpose of the Study

The purpose of the study was to test the aforegoing hypothesis by examining the changes in bilingual Puerto Rican children who participated, and those who did not participate, in child-centered group play sessions. The dependent variables were: (a) self-control ratings by teachers; (b) free play behaviors; and (c) social acceptance levels. Specifically, the study was designed to determine whether children who participated in child-centered group play sessions, using the play therapy interaction approach, (a) would be rated by their teachers as more "self-controlled" using the Kendall and Wilcox (1979)

Self-Control Rating Scale (SCRS); (b) would, during free play sessions, display a significantly greater number of higher level play behaviors and verbalizations on the Play Observation Scale (POS), and (c) would increase in levels of social acceptance, both displayed toward peers and received from peers. A unique feature of this study was its duration; it was conducted over a period of ten weeks with at least four hours devoted to child-centered sessions each week.

Method

Participants

The participants in the study were 48 bilingual Puerto Rican four- and five-year-old children from two predominately Hispanic southeastern Pennsylvania urban communities. Each of the 48 children had lived in the mainland United States for at least six months.

The sample in the study was comprised of three subsamples: sixteen randomly selected children (eight in the experimental and eight in the control conditions) four and five years of age, who attended one of three kindergarten classrooms in Community A; eight randomly selected children (four in the experimental and four in the control treatments) three-to-six years of age, who attended a preschool center in the same community; and 24 randomly selected four- and five-year-old children (12 experimental and 12 control) from five classrooms in an adjoining

community (Community B). In all samples the control and experimental groups contained equal members of boys and girls.

The two sites have high populations of Puerto Rican residents. In Community A, nearly 20 percent of all children below five years of age are of Puerto Rican heritage; in Community B, nearly 50 percent of all children below five years of age are Puerto Rican (Pennsylvania Abstract, 1985). All participants were from "working-class" (Warner, Meeker, & Eels, 1960) homes in which the heads-of-household included factory workers, mechanics and service/custodial personnel.

Assignment of participants to experimental or control groups was made by random selection and assignment of equal numbers of boys and girls to either (a) the experimental group or (b) the control group. The children assigned to experimental and control groups were four and five years of age and bilingual. Boys and girls (24 boys and 24 girls) were equally represented. The dominant language spoken in the children's homes was Spanish. (This information was provided by teachers who were familiar with the children's families.)

Measures

Pre- and post-measures were obtained on several scales, in order to assess behavioral changes for the experimental and control groups. The pre-tests were administered in April, just prior to the conduct of the study and the post-tests were administered ten weeks later following the conclusion of the

experiment. With the exception of the Self-Control Rating Scale (SCRS), all scales were administered by a trained assistant who was uninformed of the nature or conditions of the study. (The SCRS was administered by the children's teachers.)

Peabody Picture Vocabulary (PPVT). The PPVT Form B (Dunn, 1969) was used to assure that the groups were equivalent in language and intellectual ability prior to the conduct of the study. The PPVT is a receptive measure of language ability appropriate to the age ranges (CA: 4-5) of the children in the study. This test is individually administered and requires that the examiner administering it ask the child to point to the one picture (on each page containing a total of four black and white pictures) which illustrated the noun, verb, or adjective spoken by the examiner. For example, the child was asked by the "blind" assistant, to point to "barber" on a page which showed a barber and three other pictures of objects and people. Other pictures which the child was asked to identify, upon hearing the representative spoken word, included pledging, cash, and ambulance.

Self-Control Rating Scale (SCRS). The Kendall and Wilcox Self-Control Rating Scale (Kendall & Wilcox, 1979) was used to rate the behavior of each child on both the pre- and post-tests. The SCRS was used by the teacher (independently of the experimenter) to rate each child on a seven-point bi-polar Likert-type scale. The bipolarity was obtained on each item by

such terms as "always-never", "yes-no", "waits-interrupts" and so on. Examples of items are: When the child promises to do something, can you count on him or her to do it? (yes-no scale). Is the quality of the child's work all about the same or does it vary a lot? (same-varies scale). Does the child interrupt inappropriately in conversations with peers, or wait his or her turn to speak? (waits-interrupts scale). By summing over the ratings on the 33 items of the measure a total score for each child was obtained. High scores indicated lower degrees of self-control and low scores indicated higher degrees of self-control.

Play Observation Scale (POS). The Play Observation Scale (Yawkey, 1981) was a measure of behaviors corresponding to Piaget's (1962) stages of maturity reflected in the areas of movement, simple language, make-believe and reality. Inter-observer and test-retest reliability of the POS was established during two four-hour training sessions, for the project assistants, conducted by the investigator. Construct validity was demonstrated by the use of questionnaires concerning the appropriateness of (a) each observation instrument category; and (b) the arrangement of the scale, itself, to 75 graduate students and faculty members in the Departments of Human Development and Education.

According to Piaget's theory, these levels are sequenced in the order of the child's lesser to greater maturity. There are

17 items on this scale. Each child in both the experimental and control group was individually rated by a trained observer, while playing with three others, during a classroom free play period. The observation scale was implemented as both a pre- and a post-test. The observers, who received no information regarding the children's experimental or control conditions, systematically tallied each of the child's play behaviors every ten seconds into one of the 17 play behaviors listed on a grid scale for a total time of ten minutes for each child. In order to simplify the analysis and to identify the loci of possible changes in behavior as reflected by these ratings, four subscores were obtained (each of the 17 play behaviors is included in one of the four major sections, described below): (a) Simple motor skills (or movement). An example of one of the three items for this measure was "simple movements that had been learned were then repeated. Trying a skill for the first time and exhibiting enjoyment; e.g., the child bangs a block and smiles. (b) Language usage. An example of one of the three items for this measure was "variation of simple language: The combining of one known word with other known words, whose meaning is nonsensical. E. G. Mamma doggie baby." (c) Fantasy play. An example of one of the five items for this measure was "Imitative play of self identified with another object/person. A definite intention to be somebody else. E.G. Child pretends to be Superman, Wonderwoman, or another fantasy character." (d) Reality based play. An example

of one of the six items for this measure was "Anticipation of exact/exaggerated consequences of reality in play. The expectation about what is going to happen in the future and its verbal expression. E.G., "If Spot plays in the street, he'll get hit by a car," or "If baby is good she'll get lots of presents from Santa." In addition, an "other" category was included. Coders were instructed to use this category for any behavior about which uncertainty existed and to specify, in writing, the child's particular behavior about which uncertainty existed and to specify, in writing, the child's particular behavior..

At the conlusion of the systematic rating of each child's play behaviors, the tallies were counted for each of the four major sections. "Other" tallies were minimal (five tallies were recorded) and, upon closer examination and discussion with the rater, were found to reflect one of the 17 POS categories; thus, the five behaviors were re-categorized. High total numbers of tallies in the Fantasy and Reality play categories indicated a higher level of developmental maturity for the child than did relatively high total numbers in the less-advanced categories of Simple Movement and Simple Language (Piaget, 1962).

The Peer Rating Scale (PRS). This was a sociometric measure adapted from the preschool sociogram procedure described by Asher, Singleton, Tinsley, and Hymel (1979). It was administered individually to each child in the experimental and control groups by the experiment assistant who was "blind" to the conditions.

The child's ratings were made on the basis of pointing to one of three line drawing faces...happy, neutral, or sad. The child was shown a photograph of each classmate and, respectively, asked to point to one of the three faces on the paper, indicating his/her feelings when playing with each successive classmate; i.e. "How do you feel when you play with Beth? Point to the face that shows how you feel." A smile was scored as three points, a neutral face was two and a frowning face was one point. Total points were calculated for each child and each group, individually, before group mean scores were obtained for both the pre- and the post-tests. The former procedure (using total points) was followed so that extreme individual scores (e.g. many "ones" and/or many "threes") were not overlooked by averaging them. Additionally sociogram scores were obtained in two distinct categories: (a) scores of each child given by other classmates ("by" scores); and (b) scores of each child for other classmates ("for" scores). A high mean score "for others" represented the child's or group's acceptance of his/her peers; a high score "by others" indicated other children's acceptance of a given child or group of children. Conversely, low mean scores "by others" represented less acceptance received by others; lower scores "for others" indicated less acceptance extended to other peers.

Procedures

The control group received all pre- and post-tests but did not participate in the child-centered play sessions. Instead, they participated in unstructured free play sessions with their classmates using toys similar to those used in the child-centered play sessions. The children in the experimental group participated in play sessions governed by the non-directive, child-centered principles (described by Rogers, 1951).

The child-centered play sessions in the experimental groups were conducted by a University faculty member who had several years experience as an elementary school teacher and three years training and experience, under the guidance of a play therapy specialist, in conducting child-centered play therapy sessions. Because the children in the present study, however, were not identified as "problem-children" by their teachers, the investigator applied techniques of the therapeutic interaction approach in play groups which were "child-centered," rather than "therapeutic."

The 24 experimental children were divided into six play groups. The composition of each group remained consistent throughout the study. Each of the six play groups contained four children: two boys and two girls. The procedures for the treatment groups lasted for 40 minutes, once each week, for ten consecutive weeks.

The child-centered play therapist provided non-directional toys which included: (a) crayons and paper; (b) modeling clay; (c) blocks; (d) puppets; (e) masks; (f) plastic "families"; and (g) a punching figure. The children, upon entry to the play room, were told by the therapist that they could do "just about anything they wanted in this special play room." The therapist used the non-directive, child-centered approach as described by Rogers (1951), Axline (1969), and Ginott (1961) to interact with the children.

Child-Centered Tools

The therapist used five behavioral "tools" during each of the child-centered play sessions: (a) recognition of the child's feelings and developmental stage; (b) structuring the environment; (c) reflective responding; (d) limits; and (e) consequences.

Recognition of feelings. Sensitivity to the child's developmental level and feelings were conveyed by the therapist through body positioning, voice tone, and facial expressions of a feeling of empathy for the child and an acceptance of his/her behaviors and statements.

Structuring play sessions. Structuring the environment involved preparations for displaying toys as well as opening and closing session messages to the children. The toys were displayed, generally, in the same positions for each of the sessions. Make-believe toys such as masks, telephones, and army

men were displayed in one corner; more rule-oriented toys such as a dart board and ring-toss games were displayed in a separate area of the room. Expressive toys, such as water, clay, paper, and crayons were displayed in a third section of the room. Also, as a structuring tool, the therapist used the same opening message and closing message for each session. The child was informed as he/she entered the play room, "This is our special room. In here, you can do just about anything you want. If there's something you may not do, I will let you know." A five-minute and a one-minute "time" message were used near the end of the session. Upon leaving the play room, the therapist stated, "Our time is over for today. We will play again next week."

Reflective responding. Reflective responding involved the therapist's paraphrasing what the child said or responding to the child's behaviors or feelings. The major part of each session was comprised of interactions in which the children's actions, statements, or overt feelings were empathically received and reflected by the therapist. At no time during the session did the therapist vary from reflective responding in order to use questioning, directing, advice-giving, or praise to a child, except in the relatively rare instances in which limit-setting or enforcing consequences were necessary.

Setting limits. Behavioral limits and their resultant consequences, were pre-determined by the therapist but were

stated aloud only in the event that a child violated an existing rule or limit. Otherwise, the children completely determined the nature, roles, toy usages, and interactions which occurred during each of the ten play sessions. The therapist participated in the play only when one or more of the children requested her presence. The nature of the therapist's participation was also determined by the children.

The 24 control children received in-class treatment. For 40 minutes each week, they were permitted to play in a separate classroom area, with a set of toys. They were supervised by their teachers or classroom aide. The children were pre-tested in April and post-tested in June as were the 24 experimental children.

Results

A preliminary one way analysis of variance (ANOVA) was used to test the hypothesis of no difference between the pre-test scores on the PPVT for the experimental and control groups. It will be recalled that the PPVT was a measure of receptive language skills and was used only as a pre-test to establish whether or not the experimental and control groups were equally competent in basic language skills.

The main analyses, made of each dependent variable, were 2x2x2 mixed analyses of variance. The between-subjects variables were treatment (experimental and control) and sex of subject (boys and girls). The within-subjects variable was the repeated

measure (pre- and post-test). Each dependent measure was analyzed separately. Tukey's Widest Significant Difference (WSD) statistic was used for all post hoc analyses of differences between means. Unless otherwise noted the level of rejection for all analyses was set at alpha = $< .05$.

Analysis of PPVT Scores

The analysis of the PPVT scores yielded $F(1,46)=.058$, $p=.81$, indicating that the experimental and control groups were clearly equivalent on this meausre. The mean PPVT scores were 81.33 and 83.12 for the experimental and control groups, respectively. At the least, these results indicate that any further findings of differences between the two groups could not be attributed to differences in basic receptive language skills.

Analyses of Changes in Social-Emotional Measures

The three dependent measures (SCRS, POS, and PRS) were analyzed separately via a 2x2x2 mixed ANOVA as indicated above. The analyses of variance for each of the dependent measures are summarized in Tables 1, 2 and 3. There it can be seen that none of the analyses yielded significant main effects due to the important variables of sex or treatment. However, there were a number of important significant interactions. Therefore, only the effects attributable to the significant interactions will be presented in the following tables.

The analysis of the SCRS scores yielded a significant interaction of treatment by time of testing, $F(1,44)=4.74$, $p < .05$.

The WSD follow-up analysis of the means involved in this interaction indicated a significant difference between the pre- (X=120.58) and post- (X=110.25) test scores of the experimental group. The pre- (X=112.41 and post- (X=111.38) test scores for the control group were not significantly different as shown in Table 1, below.

Insert Table 1 about here

Although the scores for the experimental group do reflect a positive change in self control ratings on the SCRS it is possible that because of the higher pre-test mean the change from pre- to post-test may be due to regression toward the mean. The interpretation that these data represent a positive change in self-control is preferred, however, since the 8.17 difference between the pre-test scores for the experimental and control groups was not significant ($p > .05$).

For purpose of analysis the POS was subdivided into four separate scales. Each of the subscales was analysed separately. A significant treatment by time of measurement interaction was obtained in the analyses of each of the four subscales. These results are displayed in Table 2.

Insert Table 2 about here

Although there were no treatment differences at the time of pre-testing, there were significant differences between the experimental control groups on each of the POS post-tests. To determine the locus of these interactions, the Tukey WSD test was used for multiple comparisons between pre- and post-test means on each of the four POS scales. On three of the four subscales positive changes were found for the experimental group from pre- to post-test, as shown in Table 3. The experimental group achieved significant gains in make-believe and reality. The control group did not change significantly on any of the measures (i.e., movement, language, make-believe, and reality) when pre- and post-test means were compared.

The analysis of the PRS scores yielded a significant sex by time of testing interaction, $F(1,44)=4.71$, $p < .01$, as shown in Table 3.

Insert Table 3 about here

The means for "selections given" on the PRS measure indicated that all groups were the same on the pre-test (overall mean=2.43). The WSD tests of the post-test means indicated that the experimental group boys selected others more frequently ($\bar{X}=2.63$) than did the control group boys ($\bar{X}=2.19$). Similar changes were not found for girls in selections of others (overall mean=2.45). Although this analysis indicated that boys in the

experimental group selected others significantly more often following the experimental treatment than did boys in the control group, the "received" scores were not significantly different between the two groups. These data indicated that changes resulted from the child-centered sessions in the boys acceptance of others. However, similar changes were not found for girls.

In examining the "selection given" responses on the PRS, there was a significant difference between boys and girls in both the experimental and control goups at the post-test, but not the pre-test measures. The scores for the boys in the child-centered treatment were significantly higher than the scores for the girls on the post-test measure, whereas the control boys had significantly lower scores than the control group girls at the time of post-testing.

Thus, following child-centered therapy sessions, boys increased in their willingness to accept others as a result of participating in the play sessions, presumably because the play sessions increased their own self-esteem, acceptance of themselves, or confidence in themselves. Similar changes were not found for either the girls in the experimental group or for the children in the control group. Nonetheless, the boys in the control group received higher numbers ($\bar{X}=2.47$) of selections from others than did the experimental group ($\bar{X}=2.32$) at the time of post-testing as compared with their selections of others. A likely explanation for this phenomenon is the experimental boys'

greater acceptance of others, including the boys who were placed in the control group, at the completion of the play sessions.

Discussion

On pre-test measures of receptive intelligence, self-control, fantasy play behaviors, and peer selections, the children in both the experimental and control groups were equivalent. Accordingly, the results on the post-tests clearly indicated that the children assigned to the child-centered play groups showed significant improvement compared to those children in the control group on self-control, and the higher developmental level play behaviors of make-believe and reality. Post hoc analysis indicated that boys in the experimental group became more acceptant of others (as measured by the sociogram post-test) than boys or girls in the control group.

The results of the study supported those of Seeman, Barry and Ellinwood (1964) who found that play therapy affects the manifestations of children's levels of self-control and aggressive behavior. The present study also supported the later study by Reif and Stollak (1972) in which children who received play therapy increased in their fantasy play levels. In the present study, moreover, the more developmentally advanced play level of "reality-based play" was significantly higher for the experimental child-centered play children than for the controls. This finding was of considerable interest as an independent as well as a related finding of the facilitative effects of

child-centered group play therapy on levels of free play behaviors and corresponding adaptive and, possibly, cognitive behaviors.

The sociometric results of the present study supported the earlier findings by Schmidtchen and Hobrucker (1978). In the study, the experimental play group children scored significantly higher on acceptance measures than the no-treatment controls at the conclusion of the treatment period. However, in the present study, the experimental boys, alone, scored significantly higher in comparison to those in the control group. This finding may relate to earlier research by Fagot (1978a) who discussed the fact that boys and girls differ with regard to aggression, self-control, and sociability levels and to research by Prewitt (1981) and Ekstrans (1977) who found that Puerto Rican boys, in particular, exhibited higher levels of aggression and lack of self-control.

Thus, the results indicated that five-year-old boys may receive greater social benefits (i.e., increased acceptance feelings toward others) from child-centered group play experiences. However, in the areas of self-control and fantasy play levels, both boys and girls who receive systematic child-centered group play sessions are likely to significantly outperform children who receive no play treatment.

Implications

The present study was unique compared to the typical laboratory experiment or the descriptive, narrative accounts typical of many client-centered investigations. The play sessions were each 40 minutes in duration. There were a total of 60 play sessions and the training took place over a period of ten consecutive weeks.

The educational/psychological importance of the study concerned the relevance of child-centered group play, gender differences and the contributions which group play sessions can make to self-control, free play enhancement, and social acceptance in four- and five-year-old bilingual Puerto Rican children. When used for preventative, remedial or enrichment purposes, the effects of child-centered group play can serve to facilitate the Puerto Rican child's social, representational, and adaptive skills in group settings.

Limitations

Among the limitations of the study were: the results of the investigation were limited (a) to the procedures employed in the treatment conditions and (b) to the assessment instruments which were used for measuring self-control, free play levels, and social acceptance of four- and five-year olds. The measures were not characteristic of those that would normally be used in academic situations. Rather, they were theoretically related to the kinds of outcomes play sessions are assumed to produce. In

principle, the changes induced would be related to inducing adjustment to academic settings. Additional research studies incorporating different populations and/or different assessment instruments are needed.

Implications for Future Research

The present investigation of the results of ten child-centered play sessions on bilingual Puerto Rican preschool children confirms many of the earlier findings. Moreover, the results present many interesting new questions which future research studies could explore. Among the questions that arose from the present study, which warrant further investigations, were the following:

(1) Why did boys who experienced child-centered play sessions improve in their selections given to others, but not received from others?

(2) Why were girls, in general, more accepting of others than they were selected by others?

(3) How does a child's nurturance-giving level relate to his or her acceptance levels, both extended toward other peers and received from other peers?

(4) What are the changes in bilingual children's English language usage, both during the child-centered play sessions as well as at the conclusion of the sessions?

(5) Would significant improvements in other areas of children's interpersonal and social adaptation, such as

"happiness," "shyness," "cooperation," "self-confidence," "self-esteem," and "friendliness," occur on standardized tests in these areas?

(6) Could a child-centered group play program be used to increase children's (a) creativity; (b) problem-solving skills; (c) acceptance of reality; and (perhaps resultant) (d) intellectual functioning?

(7) What are the effects of individual play therapy upon children from other minority groups (i.e. Black; Asian; Indian)? How do the results compare with the present study's results of child-centered group play?

(8) What are the effects of child-centered group play, or play therapy, upon preschool children who are labeled handicapped--physically, emotionally, socially, or intellectually?

(9) What are the effects of child-centered group play sessions upon children, over an extended period of time, such as nine months?

(10) How lasting are the children's social, self-control, and play area improvements which result from their experiencing child-centered group play sessions?

(11) Do post-play reports from parents of children who are enrolled in a child-centered group play program confirm the teachers' and investigator's findings of children's advanced play levels and self-control improvements?

Implications for Teacher and Parent Education Programs

Results of the present study suggest that child-centered play group participation influences bilingual children's socially and personally adaptive behaviors in the school setting. Because of the teacher's or caregiver's regular interactions with the children and the close, familiar, and important nature of the child-teacher relationships, the school setting environment presents a potentially optimal environment in which both preventative and mildly remedial child-centered group play sessions might transpire.

One researchable question, then, involves the feasibility of training early childhood and elementary education college students in child-centered, non-directive interaction techniques. The subsequent teachers' application of the techniques--in the preschool or classroom--with the children in (a) formal child-centered group play sessions and/or (b) informal, unstructured periods of free play are two distinct possibilities.

"The integration of classroom practices that provide the needed sensory interactive experiences with the more formal structure for academic instruction is critical to children's future learning achievement. The implementation of these practices in bilingual classrooms is even more vital for Hispanic children, who have had in the past high dropout rate and a history of underachievement" (Escobedo, 1983). Moreover, the

possibility of escalating and enriching parent involvement, through training them to conduct child-centered play sessions in the home, is a final implication of the study. Teachers, parents, and children alike may then begin to cooperatively reap the social, emotional, and educational rewards which result from the child's emerging realization of "selfhood" (Axline, 1969).

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Table 1

Self-Control Rating Scale Analysis of Variance Summary Table for Experimental and Control Groups at Pre- and Post-testing

		Self-control rating scale scores	
Source of Variance	df	MS	F
Group (G)	1	287.04	.09
Sex (S)	1	11266.67	3.52
Group x Sex	1	10127.04	3.16
Error (Between)	44	3201.79	
Time of Test (T)	1	793.50	7.07*
GxT	1	532.04	4.74*
SxT	1	73.50	.66
GxSxT	1	7.04	.06
Error (within)		112.20	

*$p < 0.05$

Table 2

Play Observation Scale Subcategories Analysis of Variance Summary Table for Experimental and Control Groups at Pre- and Post-testing

	POS Movement			POS Simple Language			POS Make-believe			POS Reality		
Source of Variance	df	MS	F Ratio	df	MS	F Ratio	df	MS	F Ratio	df	MS	F Ratio
Group (G)	1	4108.17	21.57**	1	100.04	1.64	1	290.51	1.18	1	3601.50	17.79**
Sex (S)	1	330.04	1.73	1	45.37	.74	1	201.26	.82	1	26.04	.13
Group x Sex	1	322.67	1.69	1	130.67	2.14	1	147.51	.60	1	408.37	2.02
Error (Between)	44	190.50		44	60.93		44	245.15		44	202.38	
Time of Test (T)	1	912.67	5.43*	1	6.00	.13	1	36.26	.17	1	1650.04	13.74**
GxT	1	5797.04	34.49**	1	301.04	6.57*	1	1020.51	4.69*	1	4510.04	37.56**
SxT	1	8.17	.05	1	273.37	5.97*	1	12.76	.06	1	140.17	1.17
GxSxT	1	22.04	.13	1	6.00	.13	1	75.26	.35	1	104.17	.87
Error (within)	44	168.07		44	45.79		44	217.70		44	120.06	

* $p < 0.05$

** $p < 0.01$

Table 3

Mean Post-test Play Observation Subscale Scores and Mean Changes Between Pre- and Post-test Scores for Experimental and Control Groups[1]

POS Subscale	Experimental Group		Control Group	
	Post-test**	Change	Post-test++	Change
Movement	2.58	-21.71*	31.21	+9.38
Language	6.21	-4.04*	11.74	+3.04
Make-believe	25.96	+5.29	15.96	-7.75
Reality	28.92	+22.00*	2.96	-5.42

*The change is significant at $p < .01$.

**Differences between post-test scores for experimental and control groups were significant for each of the subscale scores.

[1]Table 3 indicates that, for the control group of children, periods of free play did not result in increased levels of the higher developmental-level play categories of make-believe and reality; the experimental group, however, decreased significantly in the lower developmental-level play categories of movement and simple language and significantly increased in make-believe and reality play behaviors. The results therefore suggest that child-centered play sessions may be more conducive (than unguided free play) to enhancing children's developmental levels of play.